

Alabama Department of Agriculture and Industries
APPLICATION FOR PROFESSIONAL SERVICES PERMIT
HORTICULTURE -- MAIN OFFICE

Return to:

DEPARTMENT OF AGRICULTURE & INDUSTRIES
FOOD SAFETY & CONSUMER DIVISION
PESTICIDE MANAGEMENT - PROFESSIONAL SERVICES
PO BOX 3336
MONTGOMERY AL 36109-0336
PHONE: 334-240-7241 FAX: 334-240-7168

Date _____
County _____

Application for Professional Services Permit as required under provisions of Chapter 28, Title 2, Code of Alabama (1975) as amended.

PERMIT FEE: \$175.00 FOR WORK CERTIFIED TO PERFORM (FEE COVERS UP TO FOUR CATEGORIES). A \$50.00 DELINQUENT PENALTY IS REQUIRED IF APPLICATION IS NOT POSTMARKED BEFORE NOVEMBER 1.

(PENALTY does not apply to NEW BUSINESS!!)

IF APPLICATION IS SUBMITTED WITH OTHER LICENSE/PERMIT FEES, PLEASE SUBMIT SEPARATE CHECKS.
CHECK CERTIFIED CATEGORY(IES) BELOW:

- | | |
|--|--|
| <input type="checkbox"/> Landscape Design (LD) | <input type="checkbox"/> Setting of Landscape Plants (SLP) |
| <input type="checkbox"/> Tree Surgery (TS) | <input type="checkbox"/> Ornamental & Turf Pest Control (OTPS) |

NAME OF BUSINESS: _____ **!!CALL TO VERIFY NAME IS AVAILABLE!!**
LOCATION: _____ PHONE: (____) _____
_____ ZIP CODE: _____
MAILING ADDRESS: _____ PHONE: (____) _____
_____ ZIP CODE: _____

- ☐ NEW BUSINESS ☐ ADD-ON CATEGORY to Permit # PSH - _____ ☐ RENEWAL ☐ OUT OF BUSINESS ☐ BUY OUT
☐ NAME CHANGE - OLD BUSINESS NAME: _____

LIST CERTIFIED SUPERVISOR(S) Additional names can be attached for those that passed exams and are certified.
NOTE: ONLY THE OTPS CATEGORY HAS A COMMERCIAL CERTIFICATION NUMBER AND EXPIRATION DATE.

LEGAL NAME	SS NUMBER	COMMERCIAL CERTIFICATION #	CERTIFICATION CATEGORY	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPLICANT WILL ENGAGE IN BUSINESS AS: ☐ Sole Owner ☐ Partnership ☐ Corporation* **
* ** corporation must be filed w/ the Secretary of State. - must verify company name w/Dept. of Agriculture first.

SIGNATURE: _____ **TITLE:** _____

APPLICATION MUST BE SIGNED. PLEASE MAKE CHECK PAYABLE TO THE ALABAMA DEPT OF AGRICULTURE

*****FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE*****

PERMIT NUMBER: PSH - _____

Permit Fee: _____
Category Fee(s): _____
Penalty: _____
Total: _____
Date Processed: _____
Cash ☐ Check ☐ # _____